Enroll in Insurance Benefits

New Hire/Rehire

Independent Billing Units

. **Minnesota Management & Budget**
NOTICE OF COLLECTION OF PRIVATE DATA

Minnesota Management & Budget (MMB) administers the State Employee Group Insurance Program (SEGIP). This notice explains why we are requesting the private data about you, your spouse, and dependents, how we will use it, who will see it, and your obligation to provide the data.

What data will we use?
We will use the data you provide us at this time, as well as data previously provided us, about yourself, your spouse, or dependent(s). If you provide any data about that is not necessary, we will not use it for any purpose.

SEMA4, the information system used to administer employee benefits, contains required information fields that may not be necessary for us to process your request. We only need your dependent's date of death to process a death benefit claim or to discontinue the dependent's coverage due to his or her death. Disability status is needed only to determine eligibility for insurance continuation for your dependent. We need the social security numbers and birth dates of your spouse and dependent to offer insurance continuation, process a death benefit, to ensure we are matching them to the correct insurance benefit transaction and to comply with federal Medicare coordination laws.

Why we ask you for this data?
We ask for this data so that we can successfully administer SEGIP.

This data is used to process your request to add or change coverage for yourself, your spouse, or dependents. The requested data helps us to determine eligibility, to identify you and your spouse, and dependents, and to contact you or your spouse, and dependents. The data is also used to develop new programs, ensure current programs effectively and efficiently meet member needs, and to comply with federal and state law and rules. We may ask for data about you, your spouse or dependents that we have already collected, including all or part of your social security number, in order to ensure we are matching you to the correct insurance benefit transaction. We need the social security numbers and birth dates of your spouse and dependent to offer insurance continuation, process a death benefit, to ensure we are matching them to the correct insurance benefit transaction and to comply with federal Medicare coordination laws (in compliance with Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (P.L. 110-173)). If you provide any data about you, your spouse, or dependents that is not necessary, we will not use it for any purpose.

Do you have to answer the questions we ask?
You are not required to provide all of the data but certain data must be collected. If you do not provide the requested data, your dependent(s) may not be approved to participate in the program or may lose coverage under the program. If you do provide the data, it will be used as described.

What will happen if you do not answer the questions we ask?
If you do not answer these questions, the insurance benefit transaction you requested for you or your spouse, dependent or other insurance benefit transaction may be delayed or denied.

Who else may see this data about you and your spouse and dependents?
We may give data about you and your spouse, and dependents to the insurance carrier you have chosen, SEGIP's other representatives, vendors and actuary; the Legislative Auditor; the Department of Health; the Department of Commerce; and any law enforcement agency or other agency with the legal authority

to have the data; and anyone authorized by a court order. In addition, the parents of a minor may see data on the minor unless there is a law, court order, or other legally binding instrument that blocks the parent from that data.

How else may this data be used?
We can use or release this data only as stated in this notice unless you give us your written permission to release the data for another purpose or to release it to another individual or entity. The data may also be used for another purpose if Congress or the Minnesota Legislature passes a law allowing or requiring us to release the data or to use it for another purpose.

<u>IMPORTANT INSURANCE INFORMATION. READ CAREFULLY</u>

Employees who receive a **full employer contribution** towards health and dental insurance **must make insurance selections on the State of Minnesota Employee Self Service website by the enrollment period deadline noted on the first page of the Personal Enrollment form or 35 days from the print date on the bottom of the Personal Enrollment form, whichever is later.** If you fail to do so, you will be automatically enrolled in health and basic life insurance and you will lose the opportunity to make choices about insurance coverage, including you forfeit the opportunity to elect certain optional coverage such as dental coverage. You will also lose the opportunity to enroll your spouse and/or dependent children in insurance coverage at this time. Employees eligible for a full employer contribution to the SEGIP insurance whose spouse or parent (if an adult child up to age 26) is also eligible for a full employer contribution to the SEGIP insurance may cover the family under one employee for medical and dental insurance.

Employees who receive a **partial employer contribution** towards health and dental insurance **must make insurance selections on the State of Minnesota Employee Self Service website by the enrollment period deadline noted on the first page of the Personal Enrollment form, or 35 days from the print date on the bottom of the Personal Enrollment form, whichever is later**. If you fail to do so, all coverage except Basic Life Insurance will be waived. You will lose the opportunity to make choices about insurance coverage, including you forfeit the opportunity to elect certain optional coverage such as dental coverage. In addition, you will lose the opportunity to enroll your spouse and/or dependent children in insurance coverage at this time. Employees eligible for only a partial employer contribution to the SEGIP insurance may be enrolled in a spouse or parent's coverage or may elect to waive coverage and not enroll in SEGIP coverages per collective bargaining agreements.

Employees **who will not be receiving an employer contribution** towards health and dental insurance **must make insurance selections on the State of Minnesota Employee Self Service website by the enrollment period deadline noted on the first page of the Personal Enrollment form, or 35 days from the print date on the bottom of the Personal Enrollment form, whichever is later**. If you fail to do so, all coverage will be waived.

Employee Self Service instructions are located at the end of this packet. SEGIP encourages you to complete your insurance enrollment without delay. If you experience difficulty logging into the Employee Self Service website contact your agency Human Resource staff or contact SEGIP at 651-355-0100.

<u>Most SEGIP coverage will be effective 35 days after your date of hire.</u> Coverage requiring evidence of insurability will be effective immediately after underwriting approval. Please review your upcoming paycheck stubs to verify deductions.

If you have a spouse or adult child who is also a SEGIP participant and you wish to elect family medical coverage for all SEGIP participants, the employee choosing to waive coverage must affirmatively waive coverage by completing a "Waive Coverage Form". The employee electing the family coverage must enroll or affirm the eligible spouse/adult child and provide proof of eligibility upon request.

To obtain the necessary forms go to our web site at http://mn.gov/mmb/segip/medical-dental/current-employees/forms/index.jsp , and for assistance with this process contact SEGIP staff at 651-355-0100 or by email at segip.mmb@state.mn.us .

Follow These Steps for a Successful Enrollment

IMPORTANT NOTE: You must complete all of the sections of your **Personal Enrollment Form BEFORE** logging on to the State of Minnesota Employee Self Service website www.state.mn.us/employee to register your final benefit selections.

1.   The SEGIP web site has insurance information available for new hires and rehired employees to review on-line on the Minnesota Management & Budget (MMB) website at http://mn.gov/mmb/segip/ . In order to complete your Personal Enrollment Form, review the information contained in "**Your Employee Benefits"**. You can access this information by going to the SEGIP website http://mn.gov/mmb/images/2015-Your-EE-Benefits.pdf . You should review this information to make an educated decision regarding your insurance elections. You may wish to view short video presentations that will provide you with an overview of your benefits. You can access this at http://www.mn.gov/mmb-stat/documents/segip/intro/intro.swf .

2.   **Complete the health and dental sections of your Personal Enrollment Form (worksheet)**. In order to complete these sections of your worksheet properly, you are required to provide information that must be obtained from other sources. See specific details below:

- **To complete the health coverage section of your worksheet:** Review the "Health Coverage" pages in **Your Employee Benefits** for basic information. Then decide which of the participating medical insurance carriers you want to administer your health benefits through the Minnesota Advantage Health Plan. Your worksheet lists the medical carriers from which you can select your coverage; and the amount that you would pay semi-monthly. Next, select your coverage level (single coverage or family coverage). Finally, you must choose a primary care clinic for yourself and each of your dependents (if you are enrolling in family coverage). Failure to specify a clinic will delay the processing of your application and will result in your being assigned to a clinic by the carrier. If being able to use a certain primary care clinic is an important factor in making the selection of your medical carrier, consult the **Minnesota Advantage Health Plan's Clinic Directory** at http://mn.gov/mmb/segip/medical-dental/med-dent-newhire/choose-your-clinic/ Once you have connected to the Clinic Directory, use the "search" function to locate information about the specific clinic that you wish to select. Then, when you have found the directory entry that describes your clinic and the clinic number, return to the health coverage section of your worksheet and circle the appropriate health carrier code number. If you wish to elect any premium contribution on an after tax basis you should contact SEGIP representatives to obtain a payroll form.
Next, fill in the Employee Clinic Number. **NOTE:** You may review additional details about physicians, hospitals, etc. that participate in the provider networks offered by the various carriers, by clicking on the appropriate link on our Insurance Carriers web page, found at http://mn.gov/mmb/segip/medical-dental/med-dent-newhire/get_started/

- **To complete the dental coverage section:** Review the "dental coverage" pages of **Your Employee Benefits** for basic information. Then decide which of the dental plans you prefer. Your worksheet lists the dental plans from which you can select your coverage and the amount that you would pay semi-monthly. Next, select your coverage level; single coverage or family coverage. To learn which dental clinics are available through each plan, consult each individual plan's provider network by clicking on the appropriate Insurance Carrier link found at http://mn.gov/mmb/segip/medical-dental/med-dent-newhire/choose-your-clinic/ . Once you've decided on your plan, return to the dental coverage section of your worksheet. Circle the appropriate dental carrier code. If you wish to elect any premium contribution on an after tax basis you should contact SEGIP representatives to obtain a payroll form.

- SEGIP requires proof of eligibility for newly enrolled spouse/dependent. Documents showing proof of eligibility will be requested within 30 days of enrolling in benefits. Enrollment will not be finalized without proof of eligibility and can be cancelled retroactively.

3. **Complete the life coverage section of your Personal Enrollment Form (worksheet).** Review the "life insurance" sections of **Your Employee Benefits** for basic information.

   Employees eligible for insurance with an employer contribution will receive employer paid Basic life insurance.

   - **Employee Basic Life**-The value of Basic Life insurance is based upon your annual salary and the collective bargaining agreement or plan in which your position is covered. The value of any premium for this employer paid life insurance in excess of $50,000 is taxable and will be reported on your W2 for the tax year in which the premiums are paid.

   - **Employee Basic Life 50K**-If your annual salary exceeds $50,000 and you wish to avoid income taxes on premium amounts that exceed the premium for $50,000, elect the "Employee Basic Life 50K" option. If you choose this option your life insurance coverage will be capped at $50,000.

   - **Manager Life Insurance Plan**
     If you are a manager, select **Managers Income Protection (Plan B) or Managers 50K (Plan B)**.

     Managers Income Protection (Plan B) - provides an employer paid life insurance benefit equal to 2 times annual salary.

     Managers also have the option to restrict their employer paid life insurance to $50,000 to avoid taxes on the amount in excess of $50,000 for the Plan B option. To waive the amount in excess of $50,000 select Managers Life 50K under Managers Income Protection Plan B.

   - In addition to the Basic Life Plan and the Manager Life Insurance Plan, you may select optional **additional life insurance for you and for your dependents** at your own cost**.**

     Complete the worksheet by selecting the options of your choice up to the amount allowed without evidence of insurability; and by filling in the amount of coverage that you wish to purchase under each option. If you choose to enroll in additional coverage that requires evidence of insurability, you must complete a paper application for the additional amounts. The Optional Application needed to enroll in this additional coverage can be found at http://mn.gov/mmb/images/Optional%2520Application.pdf . Child Life Insurance has only one benefit level.

   - **Accidental Death & Dismemberment Insurance** (AD&D) - AD&D provides coverage for death or dismemberment due to an accident. This optional benefit is available to both you and your spouse. You may purchase accidental death and dismemberment insurance in increments of $5,000 up to a total of $100,000 or up to $50,000 if you are 61 or older. You may also purchase up to a total of $25,000 worth of coverage for your spouse, but you may not have more coverage for your spouse than you have for yourself.

   Beneficiary Information – MN Life serves as beneficiary manager for State of MN employees. Upon enrollment in life insurance and optional life insurance coverage, MN Life will send a letter to advise you how to create an account through the web site in order to designate your beneficiary(ies). Information is available at www.lifebenefits.com or by calling 1-866-293-6047.

4. **Complete the disability section of your Personal Enrolment Form (worksheet). Check with your Human Resource Office to determine your eligibility to enroll in these plans.** Review the "disability section" of **Your Employee Benefits** for basic information. Complete the worksheet by

selecting the options of your choice up to the amount allowed; and by filling in the amount of coverage that you wish to purchase under each option.

- **Short Term Disability**-You may purchase short-term disability insurance for monthly benefit amounts ranging from $300 to $5,000. Do not purchase more than the amount equal to two-thirds of your gross monthly salary; benefits paid will be capped at that amount.

- **Long Term Disability**-You may purchase long-term disability insurance in monthly benefit amounts ranging from $300 to $7,000. Do not purchase more than the amount equal to approximately 60% of your monthly salary; paid benefits will be capped at that amount. Long-term disability benefits are offset by other wage replacement benefits to which you may be entitled and carries a pre-existing condition clause. For more information refer to **Your Employee Benefits** book and the SEGIP website at http://mn.gov/mmb/segip/medical-dental/med-dent-newhire/get_started/index.jsp

5. Premiums for all Optional Insurance Coverages are paid on an **after-tax basis.**

6. **Complete the dependent(s) section of your Personal Enrollment Form (worksheet)**. Review the "Dependent Eligibility" section of **Your Employee Benefits** if you are enrolling dependents for health, dental, or life insurance. Then complete the worksheet by listing dependents and the required information about each. SEGIP requires proof of eligibility for newly enrolled spouse/dependent. Documents establishing eligibility will be requested within 30-days of enrolling in benefits. Enrollment will not be finalized without proof of eligibility and may be cancelled retroactively. **Two SEGIP participants eligible for a full employer contribution to insurance may cover each other under health and/or dental, but both will need to submit forms by the deadline. For assistance with this process please contact SEGIP representatives at 651-355-0100**. One participant must waive coverage and the other participant must affirm coverage.

7. **To enroll in Long-term care insurance**: Review the Long-term care insurance section of **Your Employee Benefits**. You may obtain more information and an enrollment form from the carrier, CNA, http://www.mpel.org . To enroll, print and fill out the application form, and return it directly to CNA.

8. **Access the State of Minnesota Employee Self Service website to register your benefit selections**. You may use any personal computer that has an internet connection. Go to http://www.state.mn.us/employee and use the attached instructions with your completed worksheet to guide you through enrollment.

9. Once you have completed your enrollment online, you should again access the State of Minnesota Employee Self Service website, www.state.mn.us/employee the next day. To enter this site, you will need to enter your *User ID* (your employee ID #) and *Password* and click on *Sign In*. When you have accessed the **Employee Self Service** home page, click on **Benefits** and then **Benefits Summary** to see a personal summary of benefit information.   You will need to enter the date your benefits become effective in the date field in order to see a full Benefits Summary. The Benefits Summary allows you to verify your participation and review semi-monthly costs associated with your elections. Both of these pages are excellent resources for you to use on an ongoing basis.

10. If you are unsure of any information that you have reviewed or if you have questions, contact SEGIP representatives Monday through Friday, 8:00-4:30 at 651-355-0100 for assistance.

Eligible Dependents	Definition of an Eligible Dependent	Required Documentation
Spouse	• Must be legally married under Minnesota law to an insurance eligible employee, **and** • Your spouse is not eligible if he/she works full-time for an employer (with more than 100 people) and elects to receive cash or credits (1) in place of health insurance, or (2) in addition to a health plan with a deductible of $750 or greater	1. Copy of your certified marriage certificate **and** 2. Copy of the front page for your most recent federal tax return confirming this dependent is your spouse OR a document dated within the last 60 days showing current relationship status such as a household bill. The document must include your spouse's name, the date and your mailing address. **and** 3. Completed Spouse/Former Spouse Certification Form
Former Spouse	• The divorce must occur while the employee is covered, **and** • Must have been covered on the employee's plan at the time of the divorce, **and** • May not have obtained other group coverage since the divorce, **and** • Not eligible if he/she works full-time for an employer (with more than 100 people) and elects to receive cash or credits (1) in place of health insurance, or (2) in exchange for a health plan with a deductible of $750 or greater	1. Copy of your divorce decree signed by a judge or court administrator **and** 2. Completed Spouse/Former Spouse Certification Form
Biological Children	• To age 26	1. Copy of your child's certified birth certificate naming you as the child's parent
Adopted children	• To age 26 if adopted **or** • To age 18 if placed with you for adoption	1. Final copy of your court documentation showing the names of both you (or your spouse) and the child confirming the adoption or 2. Copy of the child's certified birth certificate naming you (or your spouse) as the child's parent
Step Children	• To age 26 • You must be legally married to the child's parent	1. Copy of the child's certified birth certificate naming your spouse as the child's parent **and** 2. Copy of your certified marriage certification and a current financial document naming both you and your spouse
Foster Children (ward, legal guardian, legal custody)	• To age 26 • Full and permanent legal and physical custody	1. Completed Foster Child Certification Form **and** 2. Final copy of court document showing your name (and/or your spouse) confirming the permanent custodial relationship **and** 3. Copy of the front page of your (or your spouse's) most recent federal tax return confirming this dependent is your (or your spouse's) tax dependent

Grandchildren	• To age 25 • Unmarried, dependent upon you for principal support and maintenance and lives with you; your child must be unmarried and less than age 19 *or* • Financially dependent upon you and has resided with you continuously from birth • *-OR-* • If you have legally adopted your grandchild or are the foster parent of your grandchild follow the eligibility rules for each above	1. Completed Grandchild Certification Form **and** 2. Copy of your grandchild's certified birth certificate, naming your (or your spouse's) child as your grandchild's parent **and** 3. Copy of your child's certified birth certificate naming you (or your spouse) as the parent **and** 4. Document dated within the last 6 months establishing this grandchild currently resides with you **and** 5. Copy of your most recent federal tax return listing this child as your (or your spouse's) tax dependent 6. If your grandchild has lived with you continuously from birth a copy of your federal tax return from the year this grandchild was born or other years upon request.
Disabled Children	• Any age or marital status, includes dependent children incapable of self-sustaining employment by reason of developmental disability, mental illness or disorder, or physical disability, **and** • Chiefly dependent upon you for principal support and maintenance, **and** • You must provide proof of such incapacity and dependency annually as requested by your health plan administrator	1. Copy of the child's certified birth certificate naming you or your spouse as the child's parent, OR appropriate court order / adoption decree naming you as the child's legal guardian
Also covered: any other person required by state or federal law to be treated as a dependent for purpose of health care coverage.		

Change in status or dependent eligibility: **It is your responsibility to notify SEGIP of any change in a dependent's status** (life event). Spouses and dependents losing eligibility may qualify for COBRA. An eligible spouse or dependent may be added within 30-days of a life event or during Open Enrollment. You must notify SEGIP within 60-days of your divorce from a covered spouse or if a covered dependent loses eligibility. After the 60-day period ends, continued failure to report a loss of eligibility may be considered fraud or intentional misrepresentation of a material fact and the employee may be liable for all claims paid by the Plan on behalf of such individuals and you may be subject to criminal penalties. Instances of fraud, intentional misrepresentation of a material fact or non-payment of premiums may result in the retroactive cancellation of coverage. Upon a 30-day notice, ineligible dependents may be dis-enrolled. Details are in *Your Employee Benefits* (http://mn.gov/mmb/images/2015-Your-EE-Benefits.pdf).

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Enroll in Insurance Benefits

Employee Self Service

segip
state employees group
insurance program

How to Access and Navigate in Employee Self Service

1. On the internet, go to www.state.mn.us/employee. The State of Minnesota Employee Self Service sign-in page displays.

2. Type your User ID and Password; then press Enter or click the Sign In button. (*New employees: Obtain your User ID and initial Password from your HR or Payroll office.*)

3. The Enterprise page displays.

Click here
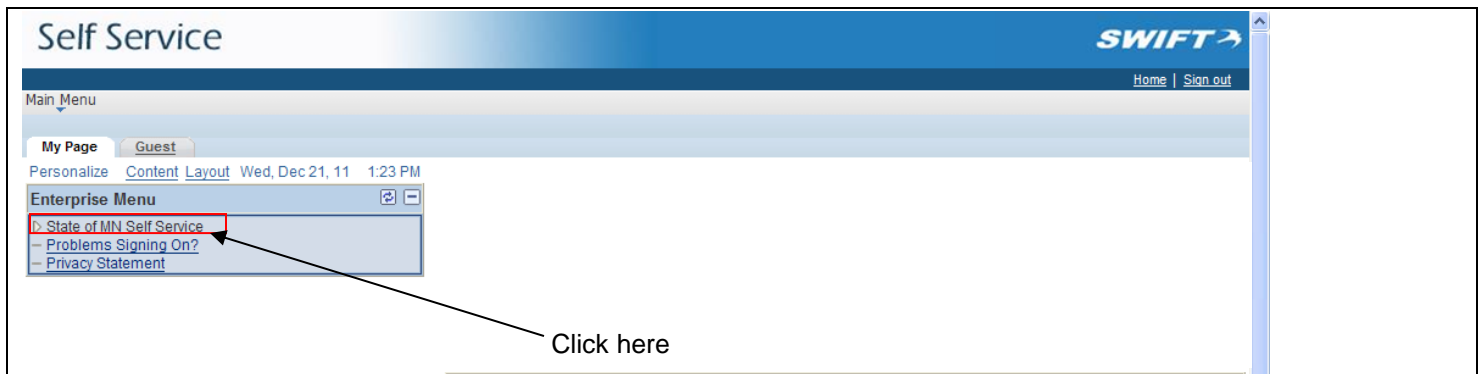
4. Click the State of MN Self Service link

5. The State of MN Self Service menu displays

Main

Navigation

Breadcrumb

Benefits Enrollment Link
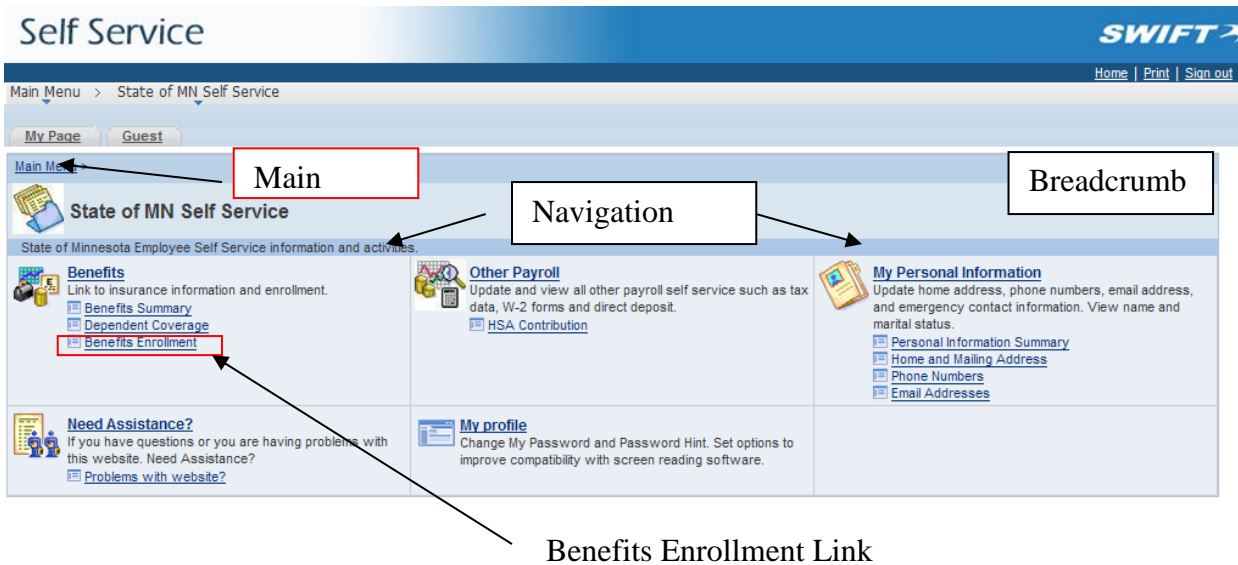
6. Navigate by clicking the desired link on the navigation page. An individual page or additional links will display depending on your selection. If needed, continue navigating until you reach the desired page. The Benefits Enrollment link will take you to the Benefits Enrollment page

Benefits – Link to additional Employee benefit web sites:

Benefits Summary –for which you are enrolled as of the date displayed.

Dependents and Beneficiaries – view names of your dependents and beneficiaries, and the type of benefit on which they are listed.

Benefits Enrollment – Although the Benefits Enrollment link is always visible you can only enroll in benefits if you are a new hire or a rehire or during the Open Enrollment period. Changes to benefits at other times or to benefits that are not open in Self Service, must be done by submitting election forms, .

When you are finished viewing or updating information on Employee Self Service

Be sure to sign out by clicking [Sign out] on the menu bar in the upper right-hand corner of the page. If you do not sign out and you are using a public computer, the next person may be able to click the back button on the browser and view your information.

Close the browser window only after you sign out. When the browser window is closed without signing out, the self service session continues to be connected for several more minutes before it is terminated. These unnecessary connections reduce available resources for other users.

Benefits Enrollment

Before enrolling in insurance benefits on-line, you must complete all of the sections of your **Personal Enrollment Form** before logging on to the State of Minnesota Employee Self Service website (www.state.mn.us/employee) to register your final benefit selections. Completing the Personal enrollment form first will make enrollment easier and will save you time.

To enroll in insurance benefits, take the following steps.

Do **not** use the back or forward buttons on your browser. If you use them, you could lose any data you entered and may have to start over.

ACTION	RESULT
1. Access the **State of Minnesota Employee Self Service** page on the Internet. *If you have any questions about accessing the State of Minnesota Self Service page, please refer to the document on Employee Self Service.*	The **State of Minnesota Employee Self Service** page appears.
2. Click **Benefits**.	The **Benefits** page appears.
3. Click **Benefits Enrollment** on the lower left section of your screen.	"Processing" appears in the upper right corner. This indicates that SEMA4 is communicating with the mainframe computer. The **Benefits Enrollment** page appears.
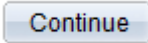
Before continuing:
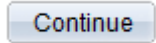
- Verify that your name appears at the top of the page.

ACTION	RESULT
4. Click [Select].	The **Benefits Enrollment** page for **New Hires** appears.

Before continuing:

- Carefully read the instructions on this page.

- Be sure to review the summary of coverage after editing each election. After you edit and store an election, the Self Service page will display the day your coverage begins and the approximate, semi-monthly deductions from your pay.

- Notice the Alert informing you that your enrollment will not be complete until you review and accept your choices.
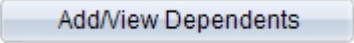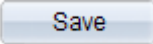
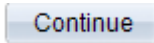 Review and accept your choices by clicking [Continue] at the bottom of the **Benefits Enrollment Review** page.

Warning: Only click [Continue] after you have made all of your insurance elections and are comfortable with the selections you made.

1. Enrolling in Health and Dental Plans

Health Plan

Enrollment in the health plan is shown below as an example. Enrolling in other insurance plans is similar to enrolling in the health plan.

ACTION	RESULT
5. Click **Edit** next to **MN Advantage Health Plan (MAHP)**.	The **Benefits Enrollment – MN Advantage Health Plan (MAHP)** page appears.
6. Scroll down the page to see the list of plan administrators.	-
7. Select the plan administrator option by clicking the related radio button to the left of the option you wish to use. If you wish to change your election, click the appropriate button and your selection will be changed. If you are enrolling dependents, go to step 8. If you are enrolling neither, go to step 21.	-
8. Scroll down the page to the **Enroll Your Dependents** section.	-
9. Add dependents on this page by clicking **Add/View Dependents**.	The **Enrollment Dependent Summary** page displays.
10. Click the **Add a Dependent** link	The **Dependent Personal Information** page displays.
11. . Complete Personal Information about your dependents. Complete the following fields for dependents: **Last Name**, **First Name**, **Gender**, **Birth date**, **Relationship** (use the drop down list), **Marital Status** (use the drop down list), **Disabled**, **Dependent Address** and **Dependent Phone**. (If the address and/or phone number is the same as yours, click on the check box. Allow the address information to be loaded into the page before checking the box for **Same Phone as Employee**.) **Note:** Only eligible dependents will be listed as eligible for health coverage. Until you provide required proof of eligibility enrollment is provisional.	
12. When complete, click **Save**.	The **Save Confirmation** page appears.
13. Click **OK** to Save confirmation.	The **Dependent Personal Information** page appears. It contains the information you entered.
14. Review the information on the **Dependent Personal Information** page. If it is correct, click **Return** at the bottom of the page. If the information requires any change, contact SEGIP to have the information corrected.	The **Enrollment Dependent Summary** page appears.
15. Click the **Return to Enrollment Dependent Summary** link	Repeat the process to enter additional dependents.
16. When you finish adding dependents, click the **Return to Enrollment** link Any dependents you add at this point can be used for enrollment in other plans (example: dental insurance).	You will be returned to the **Benefits Enrollment Review** page.
17. Scroll down to the **Enroll Your Dependents** section.	-
18. Click the check box to the left of each dependent you wish to enroll on the health plan.	A check mark will appear in the check box.
19. Scroll down to the **Choose a Primary Care Provider ID** section.	-

| ACTION	RESULT
20. Enter the number of your primary care provider in the **Specify a Primary Care Provider ID** field. Failure to specify a clinic for your health plan will slow the processing of your application and will result in your being assigned to a clinic by the carrier.	-
21. If you and all of your dependents see the same Health Care provider, click the check box next to "Check here to enroll your dependents in the same Primary Care Clinic you selected for yourself" then proceed to step 28. If your dependents' Health Care provider(s) differ from yours, proceed to step 22.	-
22. Click the **Specify Primary Care Clinic ID for Dependents** link. .	The page to specify the clinic(s) for your dependent(s) displays.
23. For each dependent, enter the Provider ID in the **Provider ID** field	
24. Click OK .when you are finished	You will be returned to the page on which you were entering your health insurance elections.
25. Click Continue to store your selections until you are ready to review and accept your final elections.	A recap of your choices, including any dependents and the selected provider will appear.
26. If the summary accurately reflects the choices you made, click OK . If you wish to change your choices or edit your dependent information, click Edit .	Clicking OK will return you to the **Enrollment Summary** page. Clicking Edit will return you to the **Mn Advantage Health Plan** page so you can edit your elections

Dental Plan

- Follow the on-line instructions.

- Provider IDs are not required, but be sure to check with your provider and the plan you wish to select in order to verify the provider is contracted with the respective dental plan.

Enrolling in other selected plans like Basic Life, Employee Additional Life, Employee AD/D, Spouse Life, Spouse AD/D, Child Life, Short Term Disability, Long Term Disability and pre-tax benefits is similar to enrolling in the health plan. Follow the on-screen instructions.

## 2. Enrolling in Additional Life Insurance Plans

In addition to the Basic Life Plan and the Manager Life Insurance Plan, you may select additional life insurance for you and for your dependents.

To select any of these additional plans, click Edit next to the plan(s) in which you are interested and then select the option you want.

For all of the plans except Child Life Insurance, a new web page will open and you will be asked to provide additional information; Child Life Insurance has only one benefit level and no additional page will open.
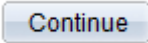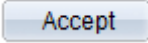
The default on all of the additional life insurance plans is NO COVERAGE.
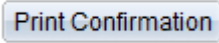
3. Enrolling in Disability Plans

To select any **Short Term Disability Insurance Plan** and a **Long Term Disability Insurance Plan**, click [Edit] next to the plan(s) in which you are interested and then select the option you want. A new web page will open and you will be asked to provide additional information. Managers may elect **Manager Income Protection Plan B**.
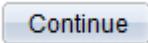
The default on all of the disability plans is NO COVERAGE.

4. Reviewing and accepting your final insurance elections

When you are finished with your selections, click [Continue] to review your elections. To accept the elections displayed, click [Accept] . Your elections will be submitted to SEGIP for processing. Processing is done nightly.

5. Printing your Confirmation Statement

It is strongly recommended that you print a written record of your elections by clicking on the [Print Confirmation] button.

Warning: Only click [Continue] after you have made all of your insurance elections and are comfortable with the selections you made. You may change your elections up to 35 days after your date of employment by contacting the SEGIP unit at 651-355-0100.

Note: A summary of the cost of your choices displays at the bottom of the **Benefits Enrollment New Hire or Rehire** page; as you continue to make and then store your benefits choices, the summary will change.

To determine if your elections have been accepted, return to the **State of Minnesota Employee Self Service** page the following business day and select **Benefits Summary**. If you elected additional life insurance coverage for you and/or your spouse and additional evidence of good health is required, you will not see those elections until the evidence of good health, you provided, is accepted by the insurance carrier.

Please contact SEGIP at 651-355-0100, with any questions about enrollment.

Dependent Eligibility for Medical and Dental Coverage
State Employee Group Insurance Program (SEGIP)

Eligible Dependents	Definition of an Eligible Dependent	Required Documentation
Spouse	• Must be legally married under Minnesota law to an insurance eligible employee, **and** • Your spouse is not eligible if he/she works full-time for an employer (with more than 100 people) and elects to receive cash or credits (1) in place of health insurance, or (2) in addition to a health plan with a deductible of $750 or greater	1. Copy of your certified marriage certification **and** 2. Copy of the front page of your most recent federal tax return confirming this dependent is your spouse OR a document dated within the last 60 days showing current relationship status such as a household bill. The document must include your spouse's name, the date and your mailing address. **and** 3. Completed Spouse/Former Spouse Certification Form
Former Spouse	• The divorce must occur while the employee is covered, **and** • Must have been covered on the employee's plan at the time of the divorce, **and** • May not have obtained other group coverage since the divorce, **and** • Not eligible if he/she works full-time for an employer (with more than 100 people) and elects to receive cash or credits (1) in place of health insurance, or (2) in exchange for a health plan with a deductible of $750 or greater	1. Copy of your divorce decree **and** 2. Completed Spouse/Former Spouse Certification Form
Biological Children	• To age 26	1. Copy of the child's certified birth certificate naming you as the child's parent
Adopted children	• To age 26 if adopted **or** • To age 18 if placed with you for adoption	1. Copy of your court documentation showing the names of both you (or your spouse) and the child confirming the adoption or 2. Copy of the child's certified birth certificate naming you (or your spouse) as the child's parent
Step Children	• To age 26 • You must be legally married to the child's parent	1. Copy of the child's certified birth certificate naming your spouse as the child's parent **and** 2. Documentation proving your marriage as described above
Foster Children (ward, legal guardian, legal custody)	• To age 26 • Full and permanent legal and physical custody	1. Completed Foster Child Certification Form **and** 2. Copy of court document showing your name (and/or your spouse) confirming the foster relationship **and** 3. Copy of the front page of your (or your spouse's) most recent federal tax return confirming this dependent is your (or your spouse's) tax dependent
Grandchildren	• To age 19 • Unmarried, dependent upon you for principal support and maintenance and lives with you; your child must be unmarried and less than age 19 **or** • Financially dependent upon you and has resided with you continuously from birth • **-or-** • If you have legally adopted your grandchild or are the foster parent of your grandchild follow those eligibility rules	1. Completed Grandchild Certification Form **and** 2. Copy of your grandchild's certified birth certificate, naming your (or your spouse's) child as your grandchild's parent **and** 3. Copy of your child's certified birth certificate naming you (or your spouse) as the parent **and** 4. Document dated within the last 6 months establishing this grandchild currently resides with you **and** 5. Copy of your most recent federal tax return listing this child as your (or your spouse's) tax dependent 6. If your grandchild has lived with you continuously from birth a copy of your federal tax return from the year this grandchild was born
Disabled Children	• Any age or marital status, includes dependent children incapable of self-sustaining employment by reason of developmental disability, mental illness or disorder, or physical disability, **and** • Chiefly dependent upon you for principal support and maintenance, **and** • You must provide proof of such incapacity and dependency biennially as requested by your health plan administrator	1. Copy of the child's certified birth certificate naming you or your spouse as the child's parent, OR appropriate court order / adoption decree naming you as the child's legal guardian

Also covered: any other person required by state or federal law to be treated as a dependent for purpose of health care coverage.

Change in status or dependent eligibility: It is your responsibility to notify SEGIP of any change in a dependent's status (life event). Spouses and dependents losing eligibility may qualify for COBRA. An eligible spouse or dependent may be added within 30 days of a life event or during Open Enrollment. You must notify SEGIP within 60 days of your divorce from a covered spouse or if a covered dependent loses eligibility. After the 60-day period ends, continued failure to report a loss of eligibility may be considered fraud or intentional misrepresentation of a material fact and the employee may be liable for all claims paid by the Plan on behalf of such individuals and you may be subject to criminal penalties. Instances of fraud, intentional misrepresentation of a material fact or non-payment of premiums may result in the retroactive cancellation of coverage. Upon a 30-day notice, ineligible dependents may be dis-enrolled. Details are in *Your Employee Benefits* (www.mmb.state.mn.us/doc/ins/yeb/yeb.pdf).

SEGIP Service Center

SEGIP Customer Service Specialists and State Program Administrators are here to assist employees with insurance and benefit questions or problems. Call the SEGIP Service Center from 8:00 to 4:30, Monday through Friday at **651-355-0100.**

You may speak to any SEGIP representative if you have a general question or you may ask to speak to your assigned representative for assistance with a specific issue.

State Program Administrators are assigned to employee groups by an alphabetical split.

Last Initial **A-C-E-U-Y-Z** …Paru Rajan
Last Initial **B-J-Q**…………...Danielle Rhein
Last Initial **H-P**……………...Val Tjader
Last Initial **K-O-R** …………Tina Blanco
Last Initial **D-M** ……………Steve Meyer
Last Initial **G-I-N-W** ……….Mary Schiltgen
Last Initial **S-V**……………....Pa Stelzner
Last Initial **F-L-T-X**………...Andrew Gibbens